

EXPRESS MAIL NO. ER306967722US

PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 905.00

Complete if Known

Application Number	10/725,774
Filing Date	December 2, 2003
First Named Inventor	Todd M. Rossi
Examiner Name	Manuel L. Barbee
Art Unit	2857
Attorney Docket No.	FDS-P7.2-US

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

13 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

2 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
0	0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
130	30	1	250	250

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE FEE (\$395) AND 3 MONTH EXTENSION OF TIME FEE (\$510)

Fees Paid (\$)

905.00

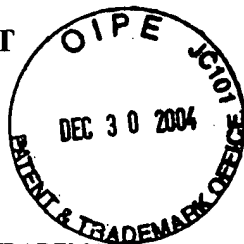
SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,517	Telephone	610.485.9400
Name (Print/Type)	Mark A. Garzia	Date	30 DEC 2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT



EXPRESS MAIL NO. ER306967722US

MARK A. GARZIA, P.C.

A PROFESSIONAL CORPORATION

2058 CHICHESTER AVENUE
BOOTHWYN, PA 19061-3735

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RELATED MATTERS

ATTORNEY AT LAW
Admitted in PA and NJ
Registered Patent Attorney

Telephone: 610.485.9400
Facsimile: 610.485.7660
E-mail: mark@patentcounsel.net

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : TODD M. ROSSI, DALE ROSSI, JONATHAN
D. DOUGLAS and TIMOTHY P. STOCKMAN

TITLE : APPARATUS AND METHOD FOR DETECTING
FAULTS AND PROVIDING DIAGNOSTICS IN
VAPOR COMPRESSION CYCLE EQUIPMENT

APPLICATION NO. : 10/725,774

FILING DATE : December 2, 2003

EXAMINER : BARBEE, Manuel L.

ART UNIT : 2857

ATTORNEY DOCKET NO. : FDS-P7.2-US

TO: Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER ACCOMPANYING
REQUEST FOR CONTINUED EXAMINATION (RCE)

Transmitted herewith is a Request for Continued Examination and an Amendment

Accompanying Request for Continued Examination (12 pgs.) in the above-captioned application.

[XX] Small entity status of this application pursuant to 37 C.F.R. §1.27 has been
established.

☐ It is believed that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a Petition for Extension of Time under 37 C.F.R. §1.136(a).

☒ Applicant petitions for an Extension of Time under 37 C.F.R. §1.136 [fees: 37 C.F.R. §1.17(a) - (d)] for the total number of month(s) checked below:

<u>Extension Months(s)</u>	<u>Fee For Other Than Small Entity</u>	<u>Fee For Small Entity</u>
<input type="checkbox"/> 1 Month	\$120.00	\$ 60.00
<input type="checkbox"/> 2 Months	\$450.00	\$225.00
<input checked="" type="checkbox"/> 3 Months	\$1,020.00	\$510.00
<input type="checkbox"/> 4 Months	\$1,590.00	\$795.00
<input type="checkbox"/> 5 Months	\$2,160.00	\$1,080.00

☒ Certificate of Express Mailing - Label No. ER306967722US (37 C.F.R. §1.10) dated December 30, 2004 is enclosed.

☒ Request for Continued Examination - Form PTO/SB/30 (1 pg.) is enclosed.

☐ RCE Fee for Small Entity \$395.00.

☒ An Information Disclosure Statement Pursuant to 37 C.F.R. §§1.56, 1.97 and 1.98 (5 pgs.) is enclosed.

☐ Form PTO-1449 (4 pgs.)

☐ Six Non-Patent References

☒ Fee Transmittal for FY 2005 (1 pg.) is enclosed.

☒ Other enclosed documents:

☐ A postage-prepaid, self-addressed postcard to acknowledge receipt of this communication is enclosed.

☐ Figure 1 (changes marked in red (1 pg.)).

☒ No additional claim fee is required. (Two independent claims; thirteen total claims pending in application.)

[XX] Payment is made by:

[] Please charge my Deposit Account No. _____ in the amount of \$_____. Two copies of this transmittal are attached.

[] Check No. _____ in the amount of \$_____ to cover the fee is enclosed.

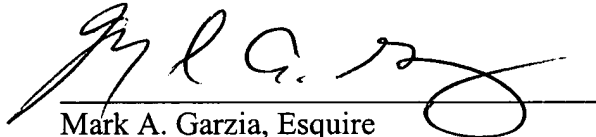
[XX] Credit Card Payment Form PTO-2038 in the amount of \$905.00 is enclosed to cover the Extension of Time and RCE Fee.

[] The Commissioner is hereby authorized to charge any deficiency in fees associated with this communication, or credit any overpayment, to Deposit Account No. _____. Two copies of this transmittal are attached.

Respectfully submitted,

December 30, 2004

Date



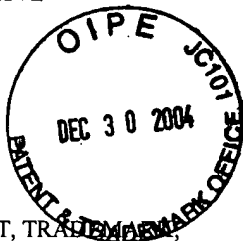
Mark A. Garzia, Esquire

Registration No. 35,517

Customer No. 021616
Law Offices of Mark A. Garzia
2058 Chichester Avenue
Boothwyn, PA 19061
Telephone: (610) 485-9400
Facsimile: (610) 485-7660

PATENT

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MARK A. GARZIA, P.C.
A PROFESSIONAL CORPORATION

2058 CHICHESTER AVENUE
BOOTHWYN, PA 19061-3735

Telephone: 610.485.9400
Facsimile: 610.485.7660
E-mail: mark@patentcounsel.net

ATTORNEY AT LAW
Admitted in PA and NJ
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : TODD M. ROSSI et al.
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CERTIFICATE OF EXPRESS MAILING (37 C.F.R. §1.10)

Express Mail Label No. ER306967722US

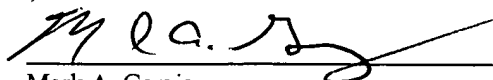
Date: December 30, 2004

I hereby certify that this Request for Continued Examination (RCE) application, including the following papers or fees:

- 1) Request for Continued Examination (RCE) Transmittal - Form PTO/SB/30 (1 pg.);
- 2) Transmittal Letter Accompanying Request for Continued Examination (3 pgs.);
- 3) Fee Transmittal for FY 2005 (1 pg.);
- 4) Amendment Accompanying Request for Continued Examination (13 pgs.);
- 5) Figure 1 (with changes in red);
- 6) Information Disclosure Statement (5 pgs.);
- 7) Form PTO-1449 (4 pgs.);
- 8) SIX non-patent references;
- 9) Credit Card Payment Form charging \$905 (1 pg.) (RCE Fee & 3 month extension fee); and
- 10) Self-addressed, postage prepaid, postcard so the PTO can acknowledge receipt of this RCE Application and accompanying documents.

is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. §1.10, postage prepaid, on the date indicated below and is addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 30 DECEMBER 2004


Mark A. Garzia
Customer Number: 021616